

Action: _____

KENTUCKY DEPARTMENT OF AGRICULTURE

Division of Food Distribution
100 Fair Oaks Lane, Suite 502
Frankfort, KY 40601
Telephone Number: 502-564-4387
FAX #: 502-564-7924

FOOD COMPLAINT

____ Commodity (Complete A - C)
____ Processed (Complete A - D)

Date: _____

A. SFA: _____ Telephone #: (_____) _____ County: _____
FSD: _____ FAX #: (_____) _____ Code #: _____
Commodity: _____ Total Cases Received: _____

Total Cases Remaining: _____

Complaint (use additional pages if necessary):

B. Date Rec=d. by Distributor: _____ Date Rec=d. by SFA: _____
D/O #: _____ N/D #: _____ Contract #: _____
Lot #: _____ Box #s: _____ Pack Date: _____

C. Location of food (add additional pages if necessary):

Location	Address	Telephone #	Contact Person	Units

D. Processed Food:

Name of Processor: _____

End Product Name: _____ Code #: _____ Pack Size: _____

Processing: _____ Diversion _____ Backhaul